



MISSOURI HOUSE OF REPRESENTATIVES APPLICATION FOR EMPLOYMENT

All information will be treated confidentially. Please answer all questions as completely as possible. The use of this form does not necessarily indicate that positions are open, nor does it constitute an offer of employment or a contract of employment. Please type, print, or write legibly in ink.

GENERAL

Last Name		First	Middle	Date
Street Address				Home Phone ()
City, State, ZIP				Business Phone ()
Have you ever been employed by the state of Missouri? <input type="checkbox"/> Yes <input type="checkbox"/> No				Social Security Number
If yes, give Position, Location, Department and Dates				Pay expected
Position desired?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work full-time? If no, what hours can you work? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available to begin work?
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other special training or skills (languages, machine operation, etc)				
Have you ever been bonded? If yes, with what employers? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of a felony? Note: A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				
State names and relationship of relatives working for the Missouri House of Representatives.				
For the purposes of reference verification, please list any other name(s) by which you have been known.				
Can you perform the essential functions of the position(s) for which you have applied, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No				

An Equal Opportunity Employer

EMPLOYMENT EXPERIENCE

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Use additional sheets if necessary.

1. Company Name	Telephone ()
Address	Employed (State Mo. & Yr.) From To
Name and Title of Supervisor	Monthly Salary Start Last
State Job Title and Describe Your Work	Reason for leaving

2. Company Name	Telephone ()
Address	Employed (State Mo. & Yr.) From To
Name and Title of Supervisor	Monthly Salary Start Last
State Job Title and Describe Your Work	Reason for leaving

3. Company Name	Telephone ()
Address	Employed (State Mo. & Yr.) From To
Name and Title of Supervisor	Monthly Salary Start Last
State Job Title and Describe Your Work	Reason for leaving

4. Company Name	Telephone ()
Address	Employed (State Mo. & Yr.) From To
Name and Title of Supervisor	Monthly Salary Start Last
State Job Title and Describe Your Work	Reason for leaving

MILITARY EXPERIENCE

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Do you have any experience from military service that would be relevant to the job(s) for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain.	Period of Active Duty (Mo. & Yr.) From _____ To _____
	Rank at Discharge
	Date of Final Discharge

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	SPECIALTY OR MAJOR	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
Graduate School				
College				
Vocational / Technical				
High School				
Other				

OFFICE SKILLS

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No Words per minute: _____	Do you take shorthand? <input type="checkbox"/> Yes <input type="checkbox"/> No Words per minute: _____
Do you possess any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list programs: _____ _____ _____	

ADDITIONAL REFERENCES

In the space provided below, give the names, addresses and telephone numbers of three references who know your qualifications and/or background experience and who are not related to you.		
Name	Telephone	Address
Name	Telephone	Address
Name	Telephone	Address

MISSOURI HOUSE OF REPRESENTATIVES

Condition of Employment

Understanding and Release for Employment Information

I understand and agree that:

- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- I hereby authorize the Missouri House of Representatives to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Missouri House of Representatives any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Missouri House of Representatives, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- I understand that nothing conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Missouri House of Representatives. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Missouri House of Representatives, and that no promises or representations contrary to the foregoing are binding on the Missouri House of Representatives unless made in writing and signed by me and the Missouri House of Representative's designated representative.
- Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I have read and understand the above.

Signature of Applicant

Date

How did you learn of position(s)?	<input type="checkbox"/> School _____ Name	<input type="checkbox"/> Job Announcement
<input type="checkbox"/> Newspaper/Magazine Ad? _____ Name		<input type="checkbox"/> Walk-in
<input type="checkbox"/> Personal Contact _____ Name	<input type="checkbox"/> Other _____ Specify	

Return To:

**Human Resources Office
Missouri House of Representatives
State Capitol • Room B-36
Jefferson City, MO 65101-6806**

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